



2026 U.S. PTO

EM No. EL 994146868 US

PATENT
38493.8072.US00

To: Mail Stop PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NEW APPLICATION TRANSMITTAL - UTILITY

Sir:

Transmitted herewith for filing is a **utility** patent application:**Inventor(s):** Ge SHI**Title:** METHOD AND APPARATUS FOR AUTOMATIC WHITE BALANCE**I. PAPERS ENCLOSED HEREWITH FOR FILING UNDER 37 CFR § 1.53(b):**

12 Page(s) of Written Description
5 Page(s) Claims
1 Page(s) Abstract
5 Sheets of Drawings

II. ADDITIONAL PAPERS ENCLOSED IN CONNECTION WITH THIS FILING:

- Declaration
 Power of Attorney by Assignee
 Assignment to _____ and Recordation Form Cover Sheet
 Certified Copy of Priority Document No(s): _____
 Information Disclosure Statement w/PTO 1449 Copy of Citations
 Preliminary Amendment
 Request and Certification under 35 U.S.C. § 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35
 Return Postcard

[CONTINUED ON NEXT PAGE]

Certificate of Mailing

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as "Express Mail Post Office to Addressee" in an envelope addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Express Mail Label No.: EL 994146868 USName of Person Mailing Paper: Debbie GilbertDate of Deposit: March 30, 2004Signature of Person Mailing Paper: Debbie Gilbert

[38493.8072/LA040900.040]

16834 U.S.PTO
10/813635

III. THE FILING FEE HAS BEEN CALCULATED AS SHOWN BELOW:

Applicant claims small entity status pursuant to 37 CFR § 1.27

BASIC FILING FEE:						\$770.00
Total Claims	20	-	20	=	0	x \$18.00
Independent Claims	7	-	3	=	4	x \$86.00
Multiple Dependent Claims	\$280	(if applicable)			<input type="checkbox"/>	\$0
TOTAL OF ABOVE CALCULATIONS						\$1114.00
Reduction by ½ for Filing by Small Entity, if applicable, as asserted above. Note 37 CFR §§ 1.9, 1.27, 1.28.					<input checked="" type="checkbox"/>	\$557.00
TOTAL FEES DUE HEREWITH						\$557.00

IV. METHOD OF PAYMENT OF FEES

- A check in the amount of \$____ is enclosed.
- Charge Perkins Coie's Deposit Account No. **50-0665** in the amount of \$____.
- This application is being filed without fee or Declaration under 37 CFR § 1.53. **DO NOT CHARGE THE DEPOSIT ACCOUNT.**

V. AUTHORIZATION TO CHARGE FEES

The Commissioner is authorized to credit any overpayment and to charge any underpayment to Perkins Coie's Deposit Account No. **50-0665** for the following:

- 37 CFR § 1.16 – (Filing fees and excess claims fees)
- 37 CFR § 1.17 – (Any application processing fees)
- 37 CFR § 1.21 – (Assignment recording fees)

VI. CORRESPONDENCE ADDRESS

Please send all correspondence to Customer Number 25096:

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 Seattle, WA 98111-1247
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Please direct all inquiries to Chun Ng at the above customer number.

Respectfully submitted,

PERKINS COIE LLP

Dated: 3/30/04

By: 
 May Y. Chan, Reg. No. 51,053